



**Robert D. Russo, M.D.
and Associates
Radiology**
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July 24, 2013

Ms. Kimberly Martone, Director of Operations
Ms. Karen Roberts, Chief Health Care Analyst
State of Connecticut Department of Public Health
Office of Health Care Access
410 Capital Avenue MS #13HCA
P.O. Box 340308
Hartford, Ct. 06134

Dear Ms. Martone and Ms. Roberts,

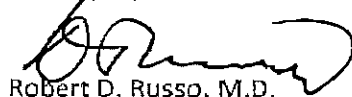
This letter shall serve as a general notification to the State of Connecticut Department of Public Health Office of Health Care Access ("OHCA") regarding the upgrade of imaging equipment owned and operated by Medical Specialty Group, P.C. (d/b/a as Robert D. Russo, M.D. and Associates Radiology, P.C.) ("Russo Radiology"). It will also serve to rebut the assertions made in correspondence to Deputy Commissioner Lisa A. Davis from Dr. Alan D. Kaye dated June 25, 2013.

In accordance with Connecticut General Statute 19a-638(b)(18), Russo Radiology is providing OHCA notice that it has upgraded its CT scanner located at 2909 Main Street, Stratford, Connecticut from a 6-slice to a 16-slice CT scanner. The upgrade was made by leasing a 16 slice scanner directly from Siemens. The 16 slice scanner at issue was previously leased by Urology Associates of Bridgeport PC ("Urology Associates") but was turned in to Siemens by Urology Associates prior to being placed at Russo Radiology. Russo Radiology has had no financial interactions or negotiations with Urology Associates and has exclusively dealt with Siemens regarding the upgrade. The lease for the 16 slice CT scanner is effective July 24, 2013. The old 6-slice scanner has been removed from Russo Radiology and sold out of state.

Russo Radiology has included a Certificate of Need Equipment Replacement Notification Form detailing the upgrade of the CT scanner.

Please be advised that Russo Radiology has not acquired any new or additional CT scanners.

Thank you,


Robert D. Russo, M.D.

Cc: Michele Volpe

Enclosures



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

Certificate of Need Equipment Replacement Notification Form

Pursuant to 19a-638(b)(18), an existing imaging equipment may be replaced, if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider physician or a person notifies OHCA of the date on which the equipment is replaced and the disposition of the replaced equipment.

Please complete the following:

Provider Name & Address:	Medical Specialty Group, P.C. d/b/a Robert D. Russo M.D. and Associates, P.C. 917 Bridgeport Avenue, Shelton, CT 06484
Name and description of the equipment to be replaced:	Philips MX 8000 6 Slice CT Scanner
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	Docket Number 02-550
Address of the existing imaging equipment:	2909 Main Street, Stratford, CT 06614
Name and description of the replacement equipment:	Siemens 16 Slice CT Scanner
Location where replacement equipment will be operated:	2909 Main Street, Stratford, CT 06614
The date the replaced equipment was replaced:	July 24, 2013
The disposition of the replaced equipment	Sold out of state

Person Completing the form: Robert D. Russo, M.D., President
 Name Title
[Signature] 7/24/13
 Signature Date